

James Benny Jackson v. Oil-Dri Corporation of America, et al.

Michael Wilons, M.D.

August 17, 2017



Mississippi - Louisiana - Tennessee - New York
www.brookscourtreporting.com

EXHIBIT

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tabbies

Michael Wilons, M.D. 8/17/2017

1 was marked for identification.)

2 Q. When did you first begin treating
3 Mr. Jackson?

4 A. First time I saw Mr. Jackson was on
5 4/27/15.

6 Q. What was the purpose of his visit?

7 A. He came to the office because he had been
8 ill since December with recurrent respiratory
9 issues, been treated with multiple rounds of
10 antibiotics and steroids and had not improved. And
11 he was I believe referred by his physician to see if
12 there's anything else we could do to improve his
13 pulmonary status.

14 Q. And what was his diagnosis?

15 A. At that time I think they were talking
16 that he might have COPD. But our pulmonary studies
17 showed that he had some air flow obstruction but had
18 significant reversibility and tests suggested that
19 there was lateral reversibility to his airway
20 problems.

21 Q. And so what course of treatment did you
22 recommend?

23 A. Well, I started him on an active program
24 of bronchodilators and steroids and suggested since

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1 re-exacerbations of what he went through that took
2 several months to get over.

3 Q. If you would, I'm going to hand you
4 Exhibit 1, because when I reviewed your record of
5 that visit, I see no mention of any work
6 restrictions at all.

7 A. Actually, I remember talking with him,
8 asking him did they have any opportunities for you
9 to do something where you are not exposed to the
10 dust and the chemicals. I got the complete record
11 here. And I don't specifically have anything
12 documented. But that was part of our discussions,
13 trying to limit exposure.

14 Q. Is that not something you would normally
15 include in your records if you had a discussion
16 about limiting exposure at work?

17 A. Normally it would be. But there's a lot
18 of times you say things in a discussion with a
19 patient, you don't document every word.

20 Q. I'm going to mark this letter as Exhibit
21 3.

22 (Thereupon, Deposition Exhibit No. 3
23 was marked for identification.)

24 Q. So, this letter is dated July 15, 2015 and

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1 it's to Mr. Jackson, correct?

2 A. Uh-huh.

3 Q. And it indicates that his respiratory
4 problems have resolved and his pulmonary function
5 test is normal, correct?

6 A. Right.

7 Q. It doesn't say anything about any work
8 restrictions, correct?

9 A. No, it doesn't. Also, it's not there
10 either, but when I have a patient who's had
11 respiratory issues and it's possibly related to
12 work, I usually say one of the only ways we are
13 going to find out if the work is really the source,
14 if you go back and you have recurrent episodes, that
15 sort of confirms it.

16 Q. Do you know whether Mr. Jackson attempted
17 to return to work after your July 15, 2015 visit?

18 A. I don't specifically know, but I think he
19 really talked about retiring and didn't return to
20 work.

21 Q. So you never filled out any sort of
22 paperwork that indicated that he had work
23 restrictions; is that correct?

24 A. I don't believe so, unless that FMLA --

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1 Q. Other than the FMLA paperwork --

2 A. Yeah.

3 Q. -- you've never filled out any paperwork?

4 A. No, not that I remember.

5 Q. Let me get my question out so she can put
6 it on the record.

7 A. Okay.

8 Q. Other than FMLA paperwork, you haven't
9 filled out any paperwork or given any statements
10 that he would have any restrictions at work; is that
11 correct?

12 A. I don't believe so.

13 Q. But that is correct, yes?

14 A. That's correct, yes.

15 Q. Do you know whether Mr. Jackson has ever
16 filed for Social Security Disability benefits?

17 A. I don't know.

18 Q. Do you know whether he has filed for
19 disability retirement? Like sometimes you can get
20 early retirement because you're disabled. Do you
21 know whether he's filed for that?

22 A. I do not know.

23 Q. Do you know whether he filed for Workers'
24 Comp benefits?

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1 A. I do not know.

2 MS. CANNADY: I'm going to mark Exhibit 4.

3 (Thereupon, Deposition Exhibit No. 4
4 was marked for identification.)

5 Q. Mr. Jackson did file for Workers' Comp
6 benefits and I'm going to hand you his settlement
7 paperwork.

8 Do you recall this document that you
9 received from his Workers' Compensation attorney?

10 A. I don't recall it specifically. But I
11 apparently saw it.

12 Q. If you would, look down at question 3 and
13 read that into the record for me, please.

14 A. What time was Mr. Jackson unable to work?
15 Your response 4/27 to 6/30/15.

16 Q. If would you flip over to number 4 and
17 read that question and the response for me.

18 A. What permit restrictions would you assign
19 secondary to the condition you diagnosed? I said no
20 restrictions.

21 MS. CANNADY: We're marking the
22 designation as number 5.

23 (Thereupon, Deposition Exhibit No. 5
24 was marked for identification.)

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1 Q. Have you ever seen this document before,
2 Dr. Wilons?

3 A. I do not recall seeing this document.

4 Q. If you would, look over the portion that's
5 related to you.

6 Do you have any opinions to offer
7 regarding that we haven't discussed regarding
8 Mr. Jackson's diagnosis?

9 A. No. I think the thing about returning
10 back to work was after we talked about going back to
11 work and he's talking about retirement, I said
12 that we asked -- I asked him about any options at
13 work that would not put you in harm's way and he
14 said there weren't any. I said the only way we
15 could tell the work was totally a problem that was
16 causing your breathing issues is if you went back
17 and started over.

18 Q. You don't know whether if Mr. Jackson went
19 back to work his problem would return?

20 A. I did not know. That's how we determine
21 that the environment is part of the problem.

22 Q. Elimination?

23 A. Elimination, yeah, unless there was a
24 number of people who all are having the same kind of

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1 improved being away from work.

2 Q. But did he have an impairment on that
3 date?

4 A. Breathing tests were normal.

5 Q. Did he have any impairment that affected
6 his ability to care for himself?

7 A. Not from the respiratory standpoint. But
8 his complaints that he talked about were other than
9 pulmonary which I have no expertise nor could I
10 describe how the limitations related to those.

11 Q. So your area of expertise in reference to
12 Mr. Jackson is limited to the pulmonary function?

13 A. Yes.

14 Q. That's fine. We can agree that that's
15 what we're discussing?

16 A. Yeah, uh-huh.

17 Q. Was his ability to perform manual tasks
18 limited with regard to his pulmonary function?

19 A. That's what the whole point of going back
20 to work to see what happens. The day I saw him not
21 in the environment his breathing was normal.

22 Q. His ability to see?

23 A. I don't evaluate his seeing.

24 Q. And I understand that some of these are

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1 totally not within your area.

2 A. I can't really comment on those
3 limitations based on those things. I know that he
4 had back problems. He had some chronic pain
5 problems. I know eight months later or so he had
6 corneal surgery. So, apparently, he was having some
7 visual issues. I don't know the details and could
8 not comment on his abilities related to that.

9 Q. And that's fine. I'm just going through
10 this checklist. What about his ability to hear?

11 A. I had no difficulty communicating with
12 him.

13 Q. His ability to eat?

14 A. There was no apparent problem with eating.

15 Q. His ability to sleep?

16 A. He had problems with sleep. He had been
17 to a sleep doctor in the past and was still having
18 some symptoms.

19 Q. Were those related to his lungs?

20 A. They can be. He may have had some
21 obstructive sleep apnea.

22 Q. Do you have any knowledge regarding any
23 limitations beyond what he told you?

24 A. No, because he had a sleep doctor. And we

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1 did discuss going back and having reassessment. He
2 hadn't followed through completely.

3 Q. Do you know who that sleep doctor was?

4 A. Doctor was in Tupelo, I believe. I don't
5 know though.

6 Q. What about his ability to walk?

7 A. Not from the breathing standpoint.

8 Q. Stand?

9 A. Not from the respiratory standpoint.

10 Q. Lift?

11 A. Not from the respiratory standpoint.

12 Q. Bend?

13 A. Not really, no, not bending specifically.

14 Q. Speak?

15 A. Not from the respiratory standpoint.

16 Q. Breathe?

17 A. Not on that day.

18 Q. Learn?

19 A. No reason for impairment from my
20 standpoint.

21 Q. Read?

22 A. No.

23 Q. Concentrate?

24 A. No. But I think he had other problems

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1 that may have had impact on that.

2 Q. I'm going to come back to that in just a
3 moment. What about his ability to think?

4 A. I think that's related to the other
5 issues. I can't really evaluate nor really comment
6 on those.

7 Q. But those would not be linked to any lung
8 problem?

9 A. Not to his breathing problems, no.

10 Q. Communicate?

11 A. No.

12 Q. Work?

13 A. No.

14 Q. And then with regard to these major bodily
15 functions, did he have any impairment in July of
16 2015 that would affect his immune system?

17 A. Some of the medications that he's taking
18 to control the breathing had a tendency to possibly
19 lower your immune response.

20 Q. Do you know whether he, Mr. Jackson, had
21 any issues with his immune system?

22 A. I wasn't aware of any.

23 Q. Normal cell growth?

24 A. Nothing from the breathing standpoint.

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1 Q. His digestive system?

2 A. Not from the respiratory.

3 Q. His bowels?

4 A. No.

5 Q. Bladder?

6 A. No.

7 Q. Neurological functions?

8 A. Not from the respiratory standpoint. But
9 that's where the other issues that he mentioned
10 would be involved.

11 Q. His brain?

12 A. The other issues that he was dealing with.

13 Q. His respiratory system?

14 A. His respiratory system was under control
15 on medication.

16 Q. And you testified that he had been weaning
17 off of the medication at that point, correct?

18 A. I was trying to see if we could cut down
19 on some of the medication.

20 Q. Was he off medication or he was just at a
21 reduced level?

22 A. We were reducing the level.

23 Q. Do you know what level of medication he
24 was on in July of 2015?

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1 A. We had been off steroids. That was
2 completed. He was still using the inhalers, long
3 acting inhaler and a rescue inhaler.

4 Q. Do you have any opinion as to whether he
5 was substantially limited in his respiratory
6 function, because I believe you testified that his
7 PFT had returned to normal?

8 A. Yes.

9 Q. So at that point he was not limited?

10 A. He was not limited from the pulmonary
11 standpoint.

12 Q. What about his circulatory system?

13 A. I didn't evaluate his circulatory system.

14 Q. Endocrine?

15 A. I didn't evaluate that.

16 Q. Reproductive functions?

17 A. I have no evaluation of that.

18 Q. You mentioned his concentration and
19 thinking and neurological functions. Does
20 Mr. Jackson have any problems with his memory?

21 A. Mr. Jackson and I discussed this to the
22 extent that he played contact sports and had been in
23 an accident and there was some question of
24 concussive problems in the past.

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1 Q. Do you know whether he is seeing any
2 physician for the possibility of an Alzheimer's
3 diagnosis?

4 A. I think he mentioned -- you know, that can
5 go along with early signs of dementia when you have
6 those kind of problems. But the doctor who was
7 evaluating for that was talking to him about that.

8 Q. As we discussed, your involvement in
9 Mr. Jackson's treatment is totally limited to --

10 A. Totally limited to his pulmonary status.

11 Q. Okay. Do you know whether prior to
12 December 2014, whether Mr. Jackson had any pulmonary
13 issues?

14 A. Historically, he had no history of any.
15 He was a non-smoker. And he had never really had
16 but maybe some problems related to times he may have
17 had some allergy and leads to some minor problems.
18 But he was -- to me he was clear in describing the
19 problems that started end of 2014 were different
20 than anything he had before.

21 Q. If you will give me one minute to flip
22 through these, we may be finished for me anyway.

23 Does Mr. Jackson continue to have any
24 problems or have they resolved?

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1 A. Well, I saw Mr. Jackson several more times
2 after that. He came back in February of '16, tried
3 to be off the medications and had a bronchitis and a
4 flare-up which cleared. The last time I saw him on
5 4/19 of this year, he had completely normal
6 pulmonary function status, the best he had been
7 since the beginning.

8 MS. CANNADY: Ron, that's all I have for
9 now, if you have any follow-up.

10 MR. WOODRUFF: I have a few, Dr. Wilons.

11 EXAMINATION

12 BY MR. WOODRUFF:

13 Q. Dr. Wilons, we designated you as a
14 treating physician because in Federal Court you have
15 to designate someone who is going to give expert
16 testimony based upon their specialized knowledge,
17 which of course would be you. Your testimony is as
18 a doctor.

19 What do you consider your specialty?
20 Would it be pulmonary or -- can you tell me what
21 your specialty is?

22 A. Pulmonary medicine.

23 Q. What we call pulmonary medicine?

24 A. Yes.

BEFORE THE MISSISSIPPI WORKERS' COMPENSATION COMMISSION

MWCC NO. 1603042-P-1436-B, 1603041-P-1435-B and 1603043-P-1437-B

JAMES BENNY JACKSON

CLAIMANT

VS.

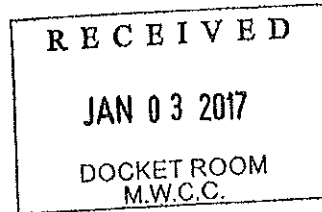
BLUE MOUNTAIN PRODUCTION CO.

EMPLOYER

AND

LIBERTY MUTUAL FIRE INSURANCE COMPANY

CARRIER

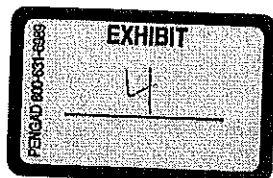


**APPLICATION FOR APPROVAL
OF COMPROMISE SETTLEMENT**

COMES NOW James Benny Jackson, claimant in the above-styled and numbered cause, and files this his application with the Mississippi Workers' Compensation Commission, praying the approval by said Commission of a certain offer of compromise and settlement submitted to your claimant by Blue Mountain Production Co. and Liberty Mutual Fire Insurance Company, employer and carrier respectively, and in support thereof, would show the Commission as follows, to-wit:

Claimant alleges that he received accidental injuries and that his accidental injuries were received or became manifested on or about November 21, 2014, January 2, 2015, and April 28, 2015, in Tippah County, Mississippi, arising out of and in the course and scope of his employment with said employer; November 21, 2014, occurring when claimant slipped and fell injuring his lower right extremity; January 2, 2015, occurring when preparing clay caused respiratory exposure; April 28, 2015, occurring when as a result of cumulative trauma while preparing clay claimant injuring his right upper extremity. Employer and carrier have denied the occurrence of any and all accidents and/or injuries. Claimant never reported any injuries or conditions to the employer until claimant

D0683014.1



4

decided to retire. The average weekly wage at the time of the injuries was \$641.60. Claimant has been paid no disability payments.

Claimant treated with Family Clinic of Falkner, Dr. Michael Wilons, Dr. Hanna Mitias.

Family Clinic of Falkner referred claimant to a pulmonologist in 2015 for breathing problems possibly related to work, but also noted his history of alcoholism and years of steroid use due to arthritis. Dr. Michael Wilons at Memphis Lung Physicians took claimant off work on April 27, 2015, to remove him from exposure to dust and chemicals, and his breathing improved. Claimant's breathing returned to baseline within 6 to 7 weeks of removal from exposure. Dr. Wilons confirmed in November 2015 it was related to work because claimant retired in the summer and had no problems since then. After tapering off medications, claimant had remarkable worsening of airflow obstruction at his next visit, but on his last visit in April 2016, Claimant's pulmonary function had returned to normal other than an acute infection. Dr. Wilons answered a questionnaire stating claimant's breathing problems were related to his work, he was unable to work from April 27, 2016, through June 30, 2016, and he had no permanent restrictions. Dr. Wilon's questionnaire is attached hereto as Exhibit "A" and incorporated herein by reference.

Claimant had treated with Dr. Mitias for multiple issues since the late 90's. He had ankle surgery, surgery to repair a torn meniscus in his left knee, left carpal tunnel release, and treatment for osteoarthritis in both knees and his shoulder. He was diagnosed with severe bilateral carpal tunnel syndrome in 2002.

On April 29, 2014, claimant complained of numbness and tingling in his right hand for several months, and the impression was right carpal tunnel syndrome. On October 7, 2014, Dr. Mitias noted that claimant desired to have a lap band procedure, and Dr. Mitias noted losing weight

would probably take care of his carpal tunnel syndrome as it could be due to obesity. He also noted it would help his knees.

Claimant returned December 9, 2014, with right knee pain describing a fall at work after slipping on wet cat litter and twisting his knee two to three weeks earlier. Dr. Mitias' impression was a lateral meniscus tear. The pain was a new type of pain different from claimant's prior and ongoing knee complaints, and Dr. Mitias thought this new pain was related to a work injury. Claimant continued to treat with Dr. Mitias, but none of the records mention the meniscus tear. His knee complaints consistently refer to osteoarthritis and injections to relieve the pre-existing arthritic pain. He also received injections for carpal tunnel syndrome. On September 8, 2016, Dr. Mitias recommended a right carpal tunnel release. A copy of Dr. Mitias' records are attached hereto as composite Exhibit "B" and incorporated herein by reference.

Your claimant would further show unto the Commission that he has contended, and now contends, that he is entitled to compensation whereas said employer and carrier have contended, and now contend, that your claimant is not entitled to any further compensation, and in no event, to the amount thereof demanded by the claimant. In order to compromise and finally settle the disagreement as to the extent of disability suffered by your claimant, the said employer and carrier have offered to pay your claimant the sum of \$22,000.00, all inclusive, without discount, in addition to any compensation and medical benefits heretofore paid, in complete settlement of all claims of every kind and nature, arising out of or in any way related to this claim or those injuries or conditions alleged herein, with claimant responsible for payment of all outstanding and future medical expenses. The parties herein agree that the settlement amount includes any back temporary total disability benefits owed to claimant.

Employer and carrier would show that the purpose of this settlement is to compromise a doubtful and disputed claim, avoid litigation, and to buy peace, and that no payments made or other consideration given shall be construed as an admission of liability, all liability being expressly denied.

The claimant has filed for Social Security, but was denied and is not eligible for Medicare at this time. The total settlement is as follows: \$22,000.00 less attorney fees of \$5,000.00 and \$5,000.00 for future medical. This leaves a balance of \$12,000.00 for permanent partial disability benefits. Pursuant to the Mortality Table, the claimant is expected to live 999.44 more weeks. If the \$12,000.00 was divided by this many weeks, the claimant would receive \$12.01 per week in Workers' Compensation benefits as it relates to Social Security Disability benefits.¹

Claimant affirmatively states on his oath that he is not a Medicare or Medicaid recipient and that he has been paid no benefits under either of those programs for these alleged injuries or otherwise. The employer and carrier rely on those sworn assertions of claimant regarding those issues as part of the agreement to settle this case, and claimant agrees to indemnify the employer and carrier for any adverse consequences they might experience should it be found that claimant has not been truthful regarding these assertions.

The Medicare Secondary Payer Act, 42 U.S.C. §1395y(b)(2), ("MSP") provides that any money received for settlement is a primary payment to Medicare. Further, the MSP also provides that Medicare does not pay for any item or service if there is a primary payment or payor. The regulations, 42 C.F.R. §411.46 provide that if any amount paid for settlement is intended to compensate the individual for all future medical expenses related to the claimed injuries, conditions

¹Employer and carrier do not participate in this request.

or diseases, Medicare payments for such services are excluded until medical expenses related to the injuries, conditions or diseases equal the amount of these payments. Claimant is not expected to become a Medicare beneficiary within 30 months. The total settlement amount is under \$250,000.00. As such, this case does not meet CMS' review thresholds. Further, employer and carrier have denied and continue to deny compensability of this claim, and therefore, dispute any liability for any medical treatment obtained by claimant.

Your claimant further shows that this request and application are made pursuant to the provisions of Section 71-3-29 of Mississippi Code Annotated (1972), and that this case comes within the purview of such section for the reason that it is impossible to determine the exact extent of the disability suffered by your claimant, and it would be to the best interest of your claimant for the Commission to allow said employer and carrier to settle and compromise said differences herein with your claimant, and to allow said payment to be made in full discharge of all responsibility of said employer and carrier under the terms of the Mississippi Workers' Compensation Act, or otherwise.

Your claimant would further show that he has employed the services of L. Shane Tompkins, attorney at law, of Columbus, Mississippi, that said attorney has rendered valuable services in bringing about the aforesaid offer of compromise and settlement, and that your claimant has agreed to pay said attorney, subject to approval by this Commission, \$5,000.00. Your claimant now avers that this Commission should authorize him to pay to said attorney the sum of \$5,000.00.

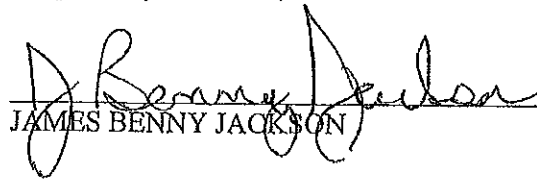
WHEREFORE, PREMISES CONSIDERED, your claimant prays that this application be considered at the next meeting of this Commission, and that upon due consideration, the Commission will enter an order approving said compromise and settlement as set forth above as a full and complete settlement, accord and satisfaction for all disability of every kind and nature

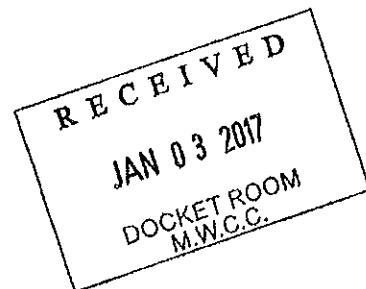
sustained by your claimant as a result of the injuries or conditions which occurred or became manifested on or about November 21, 2014, January 2, 2015 and April 28, 2015, and that said payment, when made, shall fully acquit and discharge said employer and carrier from any further liability because of, arising out of, or in any way connected with said accidental injuries or conditions.

Your claimant prays that this Commission will authorize and empower him to execute any and all receipts, releases, acquittances, and every instrument required by said employer and carrier to effectuate the purposes hereof.

Claimant further prays that this Commission will authorize and empower him to pay to L. Shane Tompkins, attorney, the sum of \$5,000.00.

Respectfully submitted,


JAMES BENNY JACKSON



STATE OF MISSISSIPPI

COUNTY OF Louder

THIS DAY PERSONALLY CAME AND APPEARED BEFORE ME, the undersigned authority in and for the state and county aforesaid, the within named James Benny Jackson, who acknowledged that he did sign and execute the above and foregoing Application for Approval of Compromise Settlement on the day and year therein mentioned and for the intent and purposes therein expressed.

SWORN TO AND SUBSCRIBED BEFORE ME, this the 28th day of December, 2016.

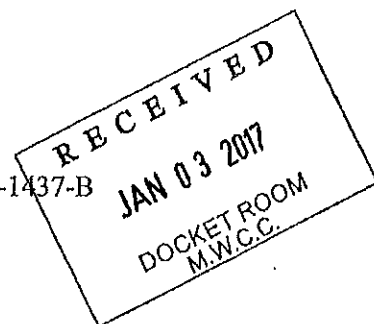


Deborah R. Moore
NOTARY PUBLIC

APPROVED BY:

[Signature]
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MWCC NO. 1603042-P-1436-B, 1603041-P-1435-B and 1603043-P-1437-B

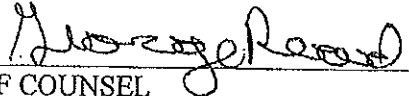


JOINDER OF EMPLOYER AND CARRIER

COME NOW Blue Mountain Production Co. and Liberty Mutual Fire Insurance Company, employer and carrier, respectively of the claimant, James Benny Jackson, by their attorneys, Daniel Coker Horton & Bell, P.A., and join with the claimant in his Application for Approval of Compromise Settlement, and hereby affirm all things therein set forth.

BLUE MOUNTAIN PRODUCTION CO. AND
LIBERTY MUTUAL FIRE INSURANCE
COMPANY, EMPLOYER AND CARRIER

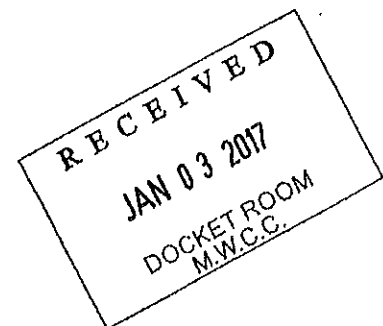
BY: DANIEL COKER HORTON & BELL, P.A.,
THEIR ATTORNEYS

BY: 
OF COUNSEL

GEORGE E. READ - MSB # 8757
DANIEL COKER HORTON & BELL, P.A.
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MWCC NO. 1603042-P-1436-B, 1603041-P-1435-B and 1603043-P-1437-B

4366-131689, 4366-131690, 4366-131691/kg



From:

04/26/2016 15:42

#386 P.002/003

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April 20, 2016

Via Fax: 901 767 6591

Dr. Michael Wilons, MD
Memphis Lung Physicians Foundation
6025 Walnut Grove Road, #508
Memphis, TN 38120

Re: *James Benny Jackson v. Blue Mountain Production*
Dates of Injury/Illness: *April 28, 2015*
MWCC No: *1603043 P 1437*

Dear Dr. Wilons:

Our office has been retained to represent Mr. Jackson in the above captioned workers' compensation matter. A medical records authorization is attached for your convenience. We are alleging that Mr. Jackson developed a respiratory condition late in December 15, 2014, due to his exposure to dust and other chemicals while working for the Employer, Blue Mountain Production, which produces cat litter. I have enclosed your medical records from April 29, 2015 to November 10, 2015. However, it is my understanding that Mr. Jackson was also seen by you on April 19, 2016. After reviewing the enclosed records, I would appreciate your response to the following questions:

- 1) What is your diagnosis for the condition Mr. Jackson was suffering from as of April 27, 2015?

Chronic obstructive pulmonary disease

- 2) Is it your opinion that Mr. Jackson's exposure to dust and other chemicals at work caused aggravated, exacerbated or accelerated the condition you diagnosed for the Claimant in response your response to question #1 of this letter? ☒ yes ☐ no

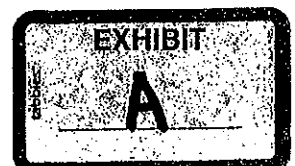
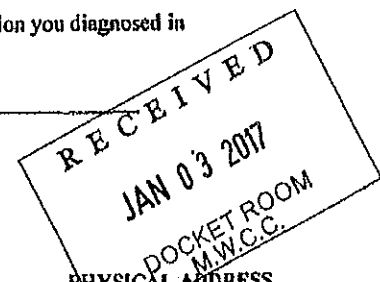
- 3) If yes, what period of time was Mr. Jackson unable to work due to the condition you diagnosed in your response to question #1 of this letter?

4-27-15 to 6-30-15

MAILING ADDRESS
P.O. BOX 1804
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301 5TH STREET SOUTH, SUITE B
COLUMBUS, MISSISSIPPI 39701



From:

04/26/2016 15:42

#386 P.003/003

Page 2
Dr. Michael Wilcox
April 26, 2016

- 4) What permanent restrictions if any, would you assign secondary to the condition you diagnosed for Claimant in your response to question #1 of this letter?

No restrictions

I would like to thank you in advance for responding to this letter.

Sincerely,

Tompkins Law Firm


Stuart Tompkins, Esq.

LST:dm
Enclosures
cc: B. Jackson
Employer-Carrier

From:

05/12/2016 01:29

#140 P.015/021

Mitias Orthopaedics & Sports Medicine

JACKSON, JAMES

DOB:
SSN:

Chart Number:
Hanna Mitias, MD
New Albany Clinic

12/09/2014 - MBP/HMM

CHIEF COMPLAINT: He comes to the clinic today with complaint of right knee pain.

HISTORY OF PRESENT ILLNESS: Mr. Jackson is a 61-year-old white male who reports that two to three weeks ago he was at work when he slipped, twisting his right knee. The patient reports that since that time he has had increased pain in his knee, particularly with knee flexion and weightbearing activity. The knee even feels as if it is going to catch and buckle with him. He denies any fever, chills, nausea, vomiting, bowel or bladder problems, nor has any complaints of numbness or tingling.

PHYSICAL EXAMINATION: He is a well-nourished, well-developed white male in no acute distress. He is alert and oriented x4. He appears the stated age of 61. He makes good eye contact in the clinic. There is no bruising, swelling, erythema, lacerations, lymphadenopathy, or palpable masses present. All compartments are soft. He is neurovascularly intact. Pulses are good. All dermatomal and myotomal patterns appear to be normal. The patient shows good respiratory effort and walks with an antalgic gait on the right. He is tender with palpation over the posterolateral joint line of the right knee. He has a negative varus stress test. With the valgus stress test, he has a good end feel. However, he has increased pain with this. He has pain with Apley and McMurray. Due to the girth of the patient's thighs, I am unable to get a good end feel with Lachman or posterior drawer.

X-RAYS: AP, lateral, and oblique views of the right knee shows that he has some calcification of the lateral meniscus.

IMPRESSION: Lateral meniscus tear of the right knee.

PLAN: Mr. Jackson was at work, and when it rains where they make cat litter it gets a little bit muddy and his foot slipped and twisted and he felt a sudden pain in his lateral joint line. I have treated Mr. Jackson for his knees in the past. It has always been medial joint line pain and this is completely new. He did ask me if this is something that would be related to his injury and I told him I thought it would. Right now I am going to try and inject it with 4 cc of lidocaine and 2 cc of Depo-Medrol under ultrasound. I will see him back in a week and just see if it has knocked out his pain. He cannot have his lap-band surgery because the final approval was not given by the insurance company.

Hanna M. Mitias, MD

Job #: R133543

DD: 12/09/2014 15:26 / DU: 12/09/2014 17:08 DT: 12/10/2014 13:28

Author ID: 2261



From:

05/12/2016 01:29

#140 P.016/021

Mitias Orthopaedics & Sports Medicine

JACKSON, JAMES

DOB:
SSN:

Chart Number:
Samuel Keith Box, DO
New Albany Clinic

03/27/2015 - DBR/SB

I reviewed the past medical history, family history, drug allergies, medications, past surgical history, social history, and review of systems on the Mitias Orthopaedics intake form. They have been reviewed and uploaded into the medical record.

CHIEF COMPLAINT: Mr. Jackson comes in today with chief complaint of bilateral knee pain and right wrist pain.

HISTORY OF PRESENT ILLNESS: Mr. Jackson is here today with complaints of bilateral knee pain and right wrist pain. He had a knee scope about 15 years ago on his left knee. He has had injections of cortisone and hyaluronic acid injections in his right knee. The last injection in his right knee was back in December. His pain is worse with ambulation. He also complains of right wrist pain and numbness and tingling. He has had a carpal tunnel release already on the left. His hand pain is worse at night. He complains of numbness and tingling in the median nerve distribution. He denies any fever, chills, nausea or vomiting.

PHYSICAL EXAMINATION: He is a well-nourished, well-developed white male in no acute distress. He is alert and oriented x3. There are mild effusions in both knees. He has some diffuse wrist swelling. There is no bruising, erythema, lacerations, lymphadenopathy or palpable masses present. All compartments are soft. He has good pulses. He has decreased sensation in his right median nerve distribution. He shows good respiratory effort. He has an antalgic gait. He has full range of motion with extension in both knees. Flexion is about to 110 degrees in both knees. His strength is full. There is some slight crepitus with motion. He has good alignment in standing. He has negative varus and valgus stress tests. Lachman is negative. McMurray is tender, but not positive. With his right wrist, Tinel and Phalen are positive. He has decreased range of motion of the wrist. Finkelstein is negative, although he does have some palpable pain in the first dorsal compartment. He has decreased range of motion of his fingers.

X-RAYS: AP, lateral, and oblique views of the left wrist show arthritic changes in the wrist and a little bit of widening of the scapholunate area.

IMPRESSION:

1. Right carpal tunnel syndrome.
2. Bilateral knee osteoarthritis.

PLAN: Mr. Jackson is here today for a followup of his right carpal tunnel syndrome and his bilateral knee osteoarthritis. His carpal tunnel is waking him up at nighttime. He was last seen for his knees back in December so it has been about three months since that visit. Today, I am going to go ahead and inject both knees with 4 cc of lidocaine and 1 cc of Depo-Medrol. I am going to inject his right carpal tunnel space with 1 cc of lidocaine and 1 cc of Depo-Medrol. All of this will be done with ultrasound guidance. I will see him back on a p.r.n. basis.

Samuel Keith Box, DO

From:

05/12/2016 01:29

#140 P.017/021

Mitias Orthopaedics & Sports Medicine

JACKSON, JAMES

DOB:
SSN:

Chart Number:
Samuel Keith Box, DO
New Albany Clinic

Job #: R145857

DD: 03/27/2015 12:23 / DU: 03/30/2015 08:41 DT: 03/30/2015 10:04

Author ID: 2275

From:

05/12/2016 01:29

#140 P.018/021

Mitias Orthopaedics & Sports Medicine

JACKSON, JAMES

DOB:
SSN:

Chart Number:
Samuel Keith Box, DO
New Albany Clinic

03/27/2015 - DBR/SB

EXAMINATION PERFORMED: Limited diagnostic ultrasound of the bilateral knees and right upper extremity.

CLINICAL INDICATION:

1. Bilateral knee osteoarthritis and pain.
2. Carpal tunnel syndrome, right wrist.

FINDINGS: The patient was placed in the hook-lying position. The small linear transducer was placed over the anterior aspect of the left knee. Under ultrasound visualization, we see the quadriceps tendon and the suprapatellar pouch. There is a mild joint effusion present. There appear to be no masses, lesions, or defects present. We then turned our attention over to the right knee. Here, also, we see a mild joint effusion present. There are no masses or defects. We then turned our attention over to the right wrist. Here, the small linear transducer was placed over the volar aspect of the right wrist. Under ultrasound visualization, we see the carpal tunnel space, the flexor tendons, the transverse carpal ligament, and the median nerve. The anatomical structures appear to be intact. There is some hypoechoic feedback present in the carpal tunnel space. The median nerve is compressed. It does measure 0.82 cm in width. It is compressed against the transverse carpal ligament.

IMPRESSION:

1. Bilateral knee osteoarthritis.
2. Bilateral knee mild joint effusion.
3. Carpal tunnel syndrome, right wrist, with a measurement of 0.82 cm of the median nerve.

PROCEDURE: With the patient in the hook-lying position, we sterilely prepped the lateral gutter of the left knee in the proper fashion. We anesthetized the site with ethyl chloride. We reapplied the small linear transducer to better visualize the anatomy. With the suprapatellar pouch well identified and under ultrasound guidance of the needle, we injected 4 cc of lidocaine and 80 mg of Depo-Medrol into the suprapatellar pouch of the left knee. We then turned our attention over to the right knee. Here, also, we sterilely prepped the lateral gutter of the right knee in the proper fashion. We anesthetized the site with ethyl chloride. We reapplied the small linear transducer to better visualize the anatomy. With the suprapatellar pouch well identified and under ultrasound guidance of the needle, we injected 4 cc of lidocaine and 80 mg of Depo-Medrol into the suprapatellar pouch of the right knee. We then turned our attention over to the right wrist. Here, we sterilely prepped the radial aspect of the right wrist in the proper fashion. We anesthetized the site with ethyl chloride. We reapplied the small linear transducer to better visualize the anatomy. With the carpal tunnel space well identified and the median nerve also well identified, we injected 1 cc of lidocaine and 40 mg of Depo-Medrol above the median nerve, decompressing it from the transverse carpal ligament. The patient tolerated all three injections well and noted relief.

The images obtained are attached to the patient's chart.

From:

05/12/2016 01:29

#140 P.019/021

Mitias Orthopaedics & Sports Medicine

JACKSON, JAMES

DOB:
SSN:

Chart Number:
Samuel Keith Box, DO
New Albany Clinic

Samuel Kelth Box, DO

Job #: R145784

DD: 03/27/2015 13:09 / DU: 03/27/2015 14:08 DT: 03/27/2015 15:09

Author ID: 2275

From:

05/12/2016 01:27

#140 P.008/021

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MITIAS ORTHOPAEDICS PLLC • 206 OXFORD RD, NEW ALBANY MS 38652-3115

JACKSON, JAMES B

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 05/03/2016

Patient

Name JACKSON, JAMES

Appt. Date/Time 05/03/2016 10:15AM

DOB

Service Dept. MITIAS ORTHOPAEDICS PLLC

Provider HANNA M. MITIAS, MD

Insurance

Med Primary: BCBS - IL (PPO)

Insurance #: XOF843105224

Policy/Group #: P16742

Employer Name: BLUE MOUNTAIN PRODUCTION

Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please coverage and all member demographic information, details

Chief Complaint

Followup: Osteoarthritis of knee

Followup: Carpal tunnel syndrome

Previous Assessment / Plan

Date of Service

11/12/2015

1. Osteoarthritis of knee - Bilateral

M17.11: Unilateral primary osteoarthritis, right knee

M17.12: Unilateral primary osteoarthritis, left knee

• INJECTION/ASPIRATION, LARGE JOINT OR BURSA, WITH ULTRASOUND GUIDANCE (PROC)

• INJECTION/ASPIRATION, LARGE JOINT OR BURSA, WITH ULTRASOUND GUIDANCE (PROC)

• Kenalog 40 mg/mL suspension for injection - Take by injection route. Administered Route: Injector

Administer Qty: 40 mg

• Kenalog 40 mg/mL suspension for injection - Take by injection route. Administered Route: Injector

Administer Qty: 40 mg

2. Localized osteoarthritis

M19.011: Primary osteoarthritis, right shoulder

3. Carpal tunnel syndrome

G56.01: Carpal tunnel syndrome, right upper limb

• Kenalog 40 mg/mL suspension for injection - Take by injection route. Administered Route: Injector

Administer Qty: 40 mg

• INJECTION, CARPAL TUNNEL (PROC)

Discussion**Discussion Notes**

we will go ahead and inject his right carpal tunnel and bilateral knees under ultrasound guidance. I will see a when necessary basis.

Allergies

Allergies not reviewed (last reviewed 11/12/2015)

CODEINE

PENICILLIN G

Medications

Medications not reviewed (last reviewed 11/12/2015)

Cardizem

11/12/15 entered

Celebrex

11/12/15 entered

From:

05/12/2016 01:27

#140 P.009/021

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JACKSON, JAMES BKenalog 40 mg/mL suspension for injection
Take by injection route.

05/03/16

Lamisil

11/12/15 entered

Nasacort

11/12/15 entered

Problems

- Carpal tunnel syndrome
- Localized osteoarthritis
- Osteoarthritis of knee

Vitals

None recorded.

Social History

Social History not reviewed (last reviewed 11/12/2015)
 Smoking Status: Never smoker
 Are you currently employed?: N
 Employer: retired
 Able to Care for Self: Y
 Hand Dominance: Right

Past Medical History

Past Medical History not reviewed (last reviewed 11/12/2015)
 Heart Problems: Y - Irregularity
 Hypertension: Y

QM

Provider: Jmitias

Programs: MU Medicare - Year 1 - 2015 Stage 1, MU Medicare - Year 2 - 2016, PQRS 2015 (EHR and Registry), PI (EHR and Registry)

Last updated 05/03/2016

Measure	Status
BMI Screening and Follow-Up (F/U on or prior to most recent BMI)	Needs Data
Colorectal Cancer Screening	Needs Data
Depression screening and follow-up	Needs Data
Hypertension screening and follow-up	Needs Data
Measures Group: Preventive care: Unhealthy alcohol use: Screening & brief counseling	Needs Data
Patients view or download their health info	Needs Data
Provide patient information	Needs Data
Documentation of current medications	No Episodes
Tobacco screening and cessation intervention	Satisfied

HPI

Patient is a 62-year-old white male who we have followed for a long time for bilateral knee osteoarthritis as well as carpal tunnel syndrome. We've done periodic injections in both knees and his right carpal tunnel. He has done well with the injections. He last received injections of Kenalog into the bilateral knees on 11/12/2015 as well as Kenalog injection in the right carpal tunnel space. These helped well until approximately 1 month ago when all of his pain started recurring. He comes in the clinic today requesting more injections. He continues to have pain at night but it is better during the daytime he noted some decreased grip strength. He's had no new injuries or trauma. He also has had knee osteoarthritis. He states that he is getting by with activities of daily living. He is no longer working and is now at home because of that. He does not need or wish to have knee replacements at this point. Both his knees are worse with weather changes and with overuse. He does complain of numbness and tingling to the right medial aspect of his foot. He denies any fever, chills, nausea vomiting, bowel or bladder problems.

From:

05/12/2016 01:28

#140 P.010/021

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MITIAS ORTHOPAEDICS PLLC - 206 OXFORD RD, NEW ALBANY MS 38652-3115

JACKSON, JAMES B**ROS**

ROS as noted in the HPI

Physical Exam

Patient is a 62-year-old male.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.**Psychiatric:** Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and alert.**Cardiovascular System:** Arterial Pulses Right: popliteal normal, radial pulse normal, and ulnar pulse normal. Arterial Pulses Left: popliteal normal, radial pulse normal, and ulnar pulse normal. Edema Right: none and no edema. Edema Left: none and no edema. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.**Lymph Nodes:** Inspection/Palpation Right: no popliteal LAD. Inspection/Palpation Left: no popliteal LAD.**Knees:** Inspection Right: swelling and genu varum deformity and quad tone normal and normal axial alignment. Inspection Left: swelling and genu varum deformity and quad tone normal and normal axial alignment. Bony Palpation Right: tenderness of the lateral joint line and the medial joint line. Bony Palpation Left: tenderness of the medial joint line and the lateral joint line. Soft Tissue Palpation Right: no gross tenderness. Soft Tissue Palpation Left: no gross tenderness. Active Range of Motion Right: crepitus, flexion (100 deg), and extension (-5 deg.). Active Range of Motion Left: flexion (100 deg.), and extension (-5 deg.) and normal and no pain with motion. Passive Range of Motion Right: normal. Passive Range of Motion Left: normal. Stability Right: no laxity or ligamentous instability and Lachman test negative. Stability Left: no laxity or ligamentous instability and Lachman test negative. Special Tests Right: McMurray's test negative. Special Tests Left: McMurray's test negative. Strength Right: flexion 5/5 and extension 5/5. Strength Left: flexion 5/5 and extension 5/5.**Skin:** Right Lower Extremity: normal. Left Lower Extremity: normal. Right Upper Extremity: normal. Left Upper Extremity: normal.**Neurologic:** Coordination: heel-to-shin normal and finger-to-nose movement normal. Sensation on the Right: normal ulnar nerve distribution, radial nerve distribution, median nerve distribution, at the dorsal 1st web space, and distal extremities and L2 normal, L3 normal, C6 normal, C7 normal, and C8 normal. Sensation on the Left: normal ulnar nerve distribution, radial nerve distribution, median nerve distribution, at the dorsal 1st web space, and distal extremities and L2 normal, C6 normal, C7 normal, and C8 normal. Brachioradialis Reflex Right: normal (2). Brachioradialis Reflex Left: normal (2). Special Tests on the Right: Tinel's sign at the median nerve positive and Phalen's test positive and Froment's sign negative, key pinch test negative, Finkelstein's test negative, quadrigla absent, intrinsic and extrinsics normal. Special Tests on the Left: Tinel's sign negative, Froment's sign negative, carpal compression test negative, key pinch test negative, Phalen's test negative, Finkelstein's test negative, quadrigla absent, intrinsic and extrinsics normal.**Gait and Station:** Appearance: normal gait.**Hands and Digits:** Inspection Right: no deformities, atrophy, swelling, warmth, mass, or erythema and normal attitude. Inspection Left: no deformities, atrophy, swelling, warmth, mass, or erythema and normal attitude. Soft Tissue Palpation Right: no tenderness of the soft tissue. Soft Tissue Palpation Left: no tenderness of the soft tissue. Thumb Right: normal A1 pulley, passive range of motion, and active range of motion; no tenderness of the first metacarpal or the thumb. Thumb Left: normal A1 pulley, passive range of motion, and active range of motion; no tenderness of the first metacarpal or the thumb; and no subluxation of the CMC joint or pain with CMC grind test. Index Finger Right: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the second metacarpal or the index finger. Index Finger Left: normal A1 pulley, passive range of motion, and active range of motion and no tenderness of the second metacarpal or the index finger. Middle Finger Right: normal A1 pulley, active range of motion, and passive range of motion and no tenderness at the third metacarpal or of the middle finger. Middle Finger Left: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the third metacarpal or of the middle finger. Ring Finger Right: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the fourth metacarpal or the ring finger. Ring Finger Left: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the fourth metacarpal or the ring finger. Little Finger Right: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the fifth metacarpal or the little finger. Little Finger Left: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the fifth metacarpal or the little finger.

From:

05/12/2016 01:28

#140 P.011/021

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MITIAS ORTHOPAEDICS PLLC • 206 OXFORD RD, NEW ALBANY MS 38652-3115

JACKSON, JAMES B

metacarpal or the little finger. Stability Right: no general instability. Stability Left: no general instability. Stren thumb strength 5/5, grip 5/5, and interossei 5/5. Strength Left: thumb strength 5/5, grip 5/5, and interossei 5.

Results / Interpretations**X-RAY, KNEE**

• Possibility of Pregnancy?: N, Side: BILATERAL

AP lateral and Houston views of both knees show calcification of both menisci and severe patellofemoral chond

Assessment / Plan**1. Osteoarthritis of knee - Bilateral**

M17.11: Unilateral primary osteoarthritis, right knee

M17.12: Unilateral primary osteoarthritis, left knee

• KNEE ARTHRITIS: CARE INSTRUCTIONS

• X-RAY, KNEE

Possibility of Pregnancy?: N Side: BILATERAL

• Kenalog 40 mg/mL suspension for injection - Take by injection route. Administer Route: Injection

Qty: 40 mg

• Kenalog 40 mg/mL suspension for injection - Take by injection route. Administer Route: Injection

Qty: 40 mg

• INJECTION/ASPIRATION, LARGE JOINT OR BURSA, WITH ULTRASOUND GUIDANCE (PROC)

• INJECTION/ASPIRATION, LARGE JOINT OR BURSA, WITH ULTRASOUND GUIDANCE (PROC)

2. Carpal tunnel syndrome

G56.01: Carpal tunnel syndrome, right upper limb

• Kenalog 40 mg/mL suspension for injection - Take by injection route. Administer Route: Injection

Qty: 40 mg

• INJECTION, CARPAL TUNNEL (PROC)

Discussion**Discussion Notes**

He wants both knees injected and his right carpal tunnel. We will do these under ultrasound today. He d me a letter from his attorney which asked multiple questions about his injury. I answered the letter and w into the record. This point I will see him back in when necessary basis when he is ready to have his knees i again.

Return to Office

None recorded.

Procedure Documentation**US Injxn Bilateral Knee Pain/OA:**

EXAM PERFORMED: Limited diagnostic ultrasound of bilateral knees. CLINICAL INDICATION: Bilateral knee FINDINGS: The patient was placed in the seated The large linear probe was used to evaluate the left knee joint was with effusion. There was spurring seen on the femoral condyles. The medial and lateral menisc to be intact. There were no soft tissue masses or defects. Quad and patellar tendons were intact. Then i linear probe was used to evaluate the right knee joint. The joint was with effusion. There was spurring s femoral condyles. The medial and lateral meniscus appeared to be intact. There were no soft tissue mas defects. Quad and patellar tendons were intact. IMPRESSION: 1. Right Knee Osteoarthritis 2. Left Knee C PROCEDURE: With the patient in the current position, the skin was sterilized with chlorhexidine and alcc was then anesthetized with ethyl chloride. Using sterile technique the left knee was injected with 4 cc's Lidocaine and 40 mg of Kenalog under direct guidance from the ultrasound probe. the skin was sterilize chlorhexidine and alcohol. Attention was turned to the right knee. The skin was then anesthetized with chloride. Using sterile technique the left knee was injected with 4 cc's of 2% Lidocaine and 40 mg of Ke direct guidance from the ultrasound probe. Ultrasound was necessary due to precise placement of the l the knee joint. The patient tolerated the procedure well and images were saved to the patient's chart.

US Injxn Carpal Tunnel:

EXAM PERFORMED: Limited diagnostic ultrasound of right wrist. CLINICAL INDICATION: Right wrist carpal

From:

05/12/2016 01:28

#140 P.012/021

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MITIAS ORTHOPAEDICS PLLC • 206 OXFORD RD, NEW ALBANY MS 38652-3115

JACKSON, JAMES B

symptoms. FINDINGS: The patient was placed in the seated position with the forearm supinated. The line was used to evaluate the wrist. The median nerve was compressed. The flexor tendons were intact. Radial arteries were patent. IMPRESSION: Right Carpal Tunnel Syndrome PROCEDURE: With the patient in the c position, the skin was sterilized with alcohol. The skin was then anesthetized with Ethyl Chloride. Using a technique the carpal tunnel space was injected with 0.5 cc of 2% Lidocaine and 20 mg of Kenalog under guidance from the ultrasound probe. Ultrasound was necessary due to precise placement of the injectic carpal tunnel space and to avoid the arteries. The patient tolerated the procedure well and images were the patient's chart.

Encounter Sign-Off

Encounter signed-off by Hanna M. Mitias, MD, 05/03/2016.

Encounter performed and documented by Hanna M. Mitias, MD

Encounter reviewed & signed by Hanna M. Mitias, MD on 05/03/2016 at 11:19am

Encounter Date: 11/12/2015**Patient**

Name	JACKSON, JAMES	Appt. Date/Time	11/12/2015 10:15AM
DOB		Service Dept.	MITIAS ORTHOPAEDICS PLLC
Provider	HANNA M. MITIAS, MD		
Insurance	Med Primary: BCBS - IL (PPO) Insurance #: XOF843105224 Policy/Group #: P16742 Employer Name: BLUE MOUNTAIN PRODUCTION Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please coverage and all member demographic information. details		

Chief Complaint

None recorded.

Allergies

Reviewed Allergies

CODEINE

PENICILLIN G

Medications

Reviewed Medications

Cardizem

11/12/15 entered

Celebrex

11/12/15 entered

Kenalog 40 mg/mL suspension for injection

11/12/15 administered

Take by injection route.

Lamisil

11/12/15 entered

Nasacort

11/12/15 entered

Problems

- Carpal tunnel syndrome
- Localized osteoarthritis
- Osteoarthritis of knee

Vitals

None recorded.

Social History

From:

05/12/2016 01:28

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JACKSON, JAMES B

Reviewed Social History
 Smoking Status: Never smoker
 Are you currently employed?: N
 Employer: retired
 Able to Care for Self: Y
 Hand Dominance: Right

Past Medical History

Reviewed Past Medical History
 Heart Problems: Y - Irregularity
 Hypertension: Y

QM

Provider: jmitias

Programs: MU Medicare - Year 1 - 2015 Stage 1, PQRS 2015 (EHR and Registry)

Last updated 11/12/2015

Measure	Status
BMI Screening and Follow-Up	Needs Data
Colorectal Cancer Screening	Needs Data
Hypertension screening and follow-up	Needs Data
Provide patient information	Needs Data
Tobacco screening and cessation intervention	Satisfied

HPI

this is a 62-year-old white male who I have followed for a long time. He is here for right carpal tunnel syndrome, knee arthritis, and right shoulder osteoarthritis. We've done periodic injections in both knees and his right carpal. He has done fairly well with the injections in his carpal tunnel. He continues to have pain at night but it is periodic. Daytime he noted some decreased grip strength. He's had no new injuries or trauma. He also has had long-term osteoarthritis which we've injected. He states that he is getting by with activities of daily living. He is no longer and is now able to do more at home because of that. He does not need or wish to have knee replacements at this time. His shoulder has been bothering him with overhead activities and when he lays on that side. He is also lost motion. He complains of crepitus. Both his knees and his shoulder and is worse with weather changes and with overuse. He has no nausea or vomiting or other constitutional symptoms.

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 62-year-old male.

Examination of his right hand shows he has decreased range of motion of his wrist. He has positive Tinel and Phalen. His thenar eminence is still flush. Prescription strength is adequate. Sensation is decreased in his median distribution. Examination of both knees shows he has a 10° flexion contracture in both knees with 95° flexion. There is crepitation. He has a varus alignment. He has good pulses throughout his bilateral upper and lower extremities. His joints are soft in his bilateral upper and lower extremities. Flexor and extensor tendons are functioning well. His shoulder has 100° of flexion and abduction. He has 30° of external rotation and crepitus with motion. Grip strength is good.

Assessment / Plan**1. Osteoarthritis of knee - Bilateral**

M17.11; Unilateral primary osteoarthritis, right knee

M17.12; Unilateral primary osteoarthritis, left knee

• INJECTION/ASPIRATION, LARGE JOINT OR BURSA, WITH ULTRASOUND GUIDANCE (PROC)

• INJECTION/ASPIRATION, LARGE JOINT OR BURSA, WITH ULTRASOUND GUIDANCE (PROC)

• Kenalog 40 mg/mL suspension for injection - Take by injection route. Administered Route: Injection

Administer Qty: 40 mg

• Kenalog 40 mg/mL suspension for injection - Take by injection route. Administered Route: Injection

Administer Qty: 40 mg

From:

05/12/2016 01:28

#140 P.014/021

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MITIAS ORTHOPAEDICS PLLC • 206 OXFORD RD, NEW ALBANY MS 38652-3115

JACKSON, JAMES B**2. Localized osteoarthritis**

M19.011: Primary osteoarthritis, right shoulder

3. Carpal tunnel syndrome

G56.01: Carpal tunnel syndrome, right upper limb

- Kenalog 40 mg/mL suspension for Injection - Take by injection route. Administer Route: Injection Qty: 40 mg
- INJECTION, CARPAL TUNNEL (PROC)

Discussion**Discussion Notes**

we will go ahead and inject his right carpal tunnel and bilateral knees under ultrasound guidance. I will see a when necessary basis.

Return to Office

- as needed

Procedure Documentation**US Injxn Bilateral Knee Pain/OA:**

EXAM PERFORMED: Limited diagnostic ultrasound of bilateral knees. CLINICAL INDICATION: Bilateral knee symptoms. FINDINGS: The patient was placed in the seated position. The large linear probe was used to evaluate the joint. The joint was with effusion. There was spurring seen on the femoral condyles. The medial and lateral meniscus appeared to be intact. There were no soft tissue masses or defects. Quad and patellar tendons were intact. The large linear probe was used to evaluate the right knee joint. The joint was with effusion. There was spurring on the femoral condyles. The medial and lateral meniscus appeared to be intact. There were no soft tissue masses or defects. Quad and patellar tendons were intact. IMPRESSION: 1. Right Knee Osteoarthritis 2. Left Knee Osteoarthritis. PROCEDURE: With the patient in the current position, the skin was sterilized with chlorhexidine and alcohol. The skin was then anesthetized with ethyl chloride. Using sterile technique the left knee was injected with 4 cc's of 2% Lidocaine and 40 mg of Kenalog under direct guidance from the ultrasound probe. The skin was sterilized with chlorhexidine and alcohol. Attention was turned to the right knee. The skin was then anesthetized with ethyl chloride. Using sterile technique the right knee was injected with 4 cc's of 2% Lidocaine and 40 mg of Kenalog under direct guidance from the ultrasound probe. Ultrasound was necessary due to precise placement of the injection into the knee joint. The patient tolerated the procedure well and images were saved to the patient's chart.

US Injxn Carpal Tunnel:

EXAM PERFORMED: Limited diagnostic ultrasound of right wrist. CLINICAL INDICATION: Right wrist carpal tunnel symptoms. FINDINGS: The patient was placed in the seated position with the forearm supinated. The linear probe was used to evaluate the wrist. The median nerve was compressed. It measured .88 cm. The flexor tendons were intact. Radial and ulnar arteries were patent. IMPRESSION: Right Carpal Tunnel Syndrome. PROCEDURE: With the patient in the current position, the skin was sterilized with alcohol. The skin was then anesthetized with ethyl chloride. Using sterile technique the carpal tunnel space was injected with 0.5 cc of 2% Lidocaine and 2 cc of Kenalog under direct guidance from the ultrasound probe. Ultrasound was necessary due to precise placement of the injection into the carpal tunnel space and to avoid the arteries. The patient tolerated the procedure well and images were saved to the patient's chart.

Encounter Sign-Off

Encounter signed-off by Hanna M. Mitias, MD, 11/12/2015.

Encounter performed and documented by Hanna M. Mitias, MD

Encounter reviewed & signed by Hanna M. Mitias, MD on 11/12/2015 at 12:06pm

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JACKSON, JAMES B

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 09/08/2016

Patient

Name JACKSON, JAMES

Appt. Date/Time 09/08/2016 09:30AM

DOB

Service Dept. MITIAS ORTHOPAEDICS PLLC

Provider HANNA M. MITIAS, MD

Insurance Med Worker's Comp: LIBERTY MUTUAL

Employer Name : OIL DRI

Case # : wc949c97899

Case Injury Date : 04/28/2015

Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

Followup: Carpal tunnel syndrome

Patient's Care Team

Insurance Adjuster (Worker's Comp): NICHOLETTE BOYD: Ph (469) 242-8966, Fax (603) 334-9563

Patient's Pharmacies

WAL-MART PHARMACY 176 (ERX): 822 CITY AVENUE SOUTH, RIPLEY MS 38663, Ph (662) 837-4100, Fax (662) 837-2888

Vitals

None recorded.

Allergies

Allergies not reviewed (last reviewed 11/12/2015)

CODEINE

PENICILLIN G

Medications

Medications not reviewed (last reviewed 11/12/2015)

Cardizem 11/12/15 entered

CeleBREX 11/12/15 entered

Kenalog 40 mg/mL suspension for injection 05/03/16
Take by injection route.

Lamisil 11/12/15 entered

Nasacort 11/12/15 entered

Problems

Reviewed Problems

- Carpal tunnel syndrome
- Localized osteoarthritis
- Osteoarthritis of knee

Social History

Social History not reviewed (last reviewed 11/12/2015)

Smoking Status: Never smoker

Are you currently employed?: N

Employer: retired

Able to Care for Self: Y

Hand Dominance: Right

Past Medical History

Past Medical History not reviewed (last reviewed 11/12/2015)

Heart Problems: Y - Irregularity

Hypertension: Y

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JACKSON, JAMES B

Screening

None recorded.

HPI

Patient is a 62-year-old white male returns for his right carpal tunnel syndrome. We last injected his right carpal tunnel space on 5/3/2016. He did receive good relief from this injection. His symptoms returned approximately 2 months ago. He is already had a left carpal tunnel release approximately 12 years ago and states he is ready to have the right release but he needs a current NCV. He continues to have pain at night but it is periodic. During the daytime he noted some decreased grip strength. He's had no new injuries or trauma. He does complain of numbness and tingling to the right median nerve distribution. This is made worse with gripping/grasping activities such as holding a steering wheel or when using a lawn mower. The patient also states that he has recently had a blood clot in his left thigh which he is being treated by Dr. Elliot with Eliquis. He states he cannot take any nonsteroidal anti-inflammatories. He denies any fever, chills, nausea vomiting, bowel or bladder problems.

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 63-year-old male.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.

Cardiovascular System: Arterial Pulses Right: radial pulse normal and ulnar pulse normal. Arterial Pulses Left: radial pulse normal and ulnar pulse normal. Edema Right: none. Edema Left: none. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.

Psychiatric: Orientation: oriented to person, place, and time. Mood and Affect: normal affect and mood and active and alert.

Hands and Digits: Inspection Right: no deformities, atrophy, swelling, warmth, mass, or erythema and normal attitude. Inspection Left: no deformities, atrophy, swelling, warmth, mass, or erythema and normal attitude. Soft Tissue Palpation Right: no tenderness of the soft tissue. Soft Tissue Palpation Left: no tenderness of the soft tissue. Thumb Right: normal A1 pulley, passive range of motion, and active range of motion; no tenderness of the first metacarpal or the thumb; and no subluxation of the CMC joint or pain with CMC grind test. Thumb Left: normal A1 pulley, passive range of motion, and active range of motion; no tenderness of the first metacarpal or the thumb; and no subluxation of the CMC joint or pain with CMC grind test. Index Finger Right: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the second metacarpal or the index finger. Index Finger Left: normal A1 pulley, passive range of motion, and active range of motion and no tenderness of the second metacarpal or the index finger. Middle Finger Right: normal A1 pulley, active range of motion, and passive range of motion and no tenderness at the third metacarpal or of the middle finger. Middle Finger Left: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the third metacarpal or the middle finger. Ring Finger Right: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the fourth metacarpal or the ring finger. Ring Finger Left: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the fourth metacarpal or the ring finger. Little Finger Right: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the fifth metacarpal or the little finger. Little Finger Left: normal A1 pulley, active range of motion, and passive range of motion and no tenderness of the fifth metacarpal or the little finger. Stability Right: no general instability. Stability Left: no general instability. Strength Right: thumb strength 5/5, grip 5/5, and interosseal 5/5. Strength Left: thumb strength 5/5, grip 5/5, and interosseal 5/5.

Neurological System: Coordination: finger-to-nose movement normal. Brachioradialis Reflex Right: normal (2). Brachioradialis Reflex Left: normal (2). Sensation on the Right: normal ulnar nerve distribution, radial nerve distribution, median nerve distribution, at the dorsal 1st web space, and distal extremities and C6 normal, C7 normal, and C8 normal. Sensation on the Left: normal ulnar nerve distribution, radial nerve distribution, median nerve distribution, at the dorsal 1st web space, and distal extremities and C6 normal, C7 normal, and C8 normal. Special Tests on the Right: Tinel's sign at the median nerve positive and Phalen's test positive and Froment's sign negative, carpal compression test negative, key pinch test negative, Finkelstein's test negative, quadrigla absent, intrinsic normal, and extrinsic normal. Special Tests on the Left: Tinel's sign negative, Froment's sign negative, carpal compression test negative, key pinch test negative, Phalen's test negative, Finkelstein's test negative, quadrigla absent, intrinsic normal, and extrinsic normal.

Skin: Right Upper Extremity: normal. Left Upper Extremity: normal.

Assessment / Plan

1. Carpal tunnel syndrome - Right

G56.01: Carpal tunnel syndrome, right upper limb

• CARPAL TUNNEL RELEASE

Side: RIGHT

• NOTE TO RETURN TO WORK/SCHOOL

Restrictions: no use injured extremity Return to Work Status: Light Duty

• Kenalog 40 mg/mL suspension for injection - Take 1 mL by injection route. Administer Route: Injection
 Administer Qty: 40 mg

• THERAPEUTIC ULTRASOUND (PROC)

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 JACKSON, JAMES B

Discussion Notes

The ultrasound of his right hand showed that his median nerve had a width of 0.88 cm and a height of 0.24 cm indicating that he does have carpal tunnel syndrome. Anything over 1 cm² is diagnosed with carpal tunnel syndrome according to the latest studies and are more accurate than nerve conduction studies. At this point his symptoms also point to carpal tunnel syndrome so we will proceed with a right carpal tunnel release. Risks, benefits and alternatives have been discussed and he wishes to proceed. We will give him an intramuscular injection of Kenalog to help him with his pain.

Surgery Counseling

We discussed various methods of treatment for this diagnosis, including both non-surgical and surgical treatment options. The procedure was discussed in detail, including rationale for proceeding with the procedure, specifics of the technical aspects of the procedure, and the expected postoperative course including the possible need for activity modification, therapy, and duration of expected recovery.

Risks to surgery include: pain, numbness, scar, infection, loss of motion, nerve or vascular injury, stiffness, blood loss, reoccurrence, re-operation, non-union or mal-union, fracture, dislocation, unequal leg lengths, allergic reaction to medicine, heart attack, stroke or death. Risks of allograft and blood transfusions include: infection, allergic reaction, disease transmission including hepatitis or AIDS virus. Complications, including blood loss and potential need for transfusion, nerve injury, infection, success rates (expected outcomes) of the procedure, and risk of death from anesthesia were discussed. Patient fully understands that there are no guarantees with surgical intervention.

The patient voiced understanding of the procedure and risks, and the decision for surgery was made today.

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by Hanna M. Mitias, MD, 09/08/2016.

Encounter performed and documented by Hanna M. Mitias, MD

Encounter reviewed & signed by Hanna M. Mitias, MD on 09/08/2016 at 11:04am

Other Orders

This fax may contain legally privileged health information and is intended for the sole use of the intended recipient. You are hereby notified that the disclosure, or other unlawful use of this health information is prohibited.

If you received this fax in error visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. [ID:328808-H-11099]

09/08/2016

From Provider	To Provider
HANNA M. MITIAS, MD MITIAS ORTHOPAEDICS PLLC 206 OXFORD RD NEW ALBANY, MS 38652-3115 Phone: (662) 534-2227 Fax: (662) 534-2330	

Order Information

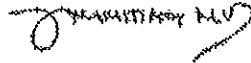
Order
Orders Included: 1
Carpal tunnel syndrome - Right ICD-10: G56.01: Carpal tunnel syndrome, right upper limb • NOTE TO RETURN TO WORK/SCHOOL
Restrictions: no use injured extremity Return to Work Status: Light Duty

Patient Information

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JACKSON, JAMES B

Patient Name	JACKSON, JAMES B
DOB	
Primary Insurance	LIBERTY MUTUAL Policy Holder: OIL DRI
Secondary Insurance	None recorded.

Electronically Signed by: HANNA M. MITIAS, MD



BEFORE THE MISSISSIPPI WORKERS' COMPENSATION COMMISSION

MWCC NO. 1603042-P-1436-B, 1603041-P-1435-B and 1603043-P-1437-B

JAMES BENNY JACKSON

CLAIMANT

VS.

BLUE MOUNTAIN PRODUCTION CO.

EMPLOYER

AND

LIBERTY MUTUAL FIRE INSURANCE COMPANY

CARRIER

**ORDER GRANTING APPLICATION
FOR COMPROMISE SETTLEMENT**

THIS CAUSE having come on this day for hearing before the Mississippi Workers' Compensation Commission, at its offices in Jackson, Mississippi, on the petition of the claimant, James Benny Jackson, and the Commission having sufficiently examined said proposal, and being fully advised in the premises, is of the opinion that the same is proper and that the prayer thereof should be granted. The Commission finds that the claimant, on the one hand, and the employer and carrier, on the other hand, have a disagreement as to the extent of disability sustained by the claimant, and that the case is a proper one for disposition under the provisions of Section 71-3-29 of Mississippi Code Annotated (1972).

It is, therefore, ordered that said compromise settlement should be, and the same is hereby approved and that Blue Mountain Production Co. and Liberty Mutual Fire Insurance Company shall pay to James Benny Jackson, claimant, the sum of \$22,000.00, all inclusive, without discount, in addition to any compensation and medical benefits heretofore paid, in complete settlement of all claims of every kind and nature, arising out of or in any way related to this claim or those injuries or conditions alleged herein, and that claimant shall be responsible for payment of all outstanding

and future medical expenses. The settlement amount includes any back temporary total disability benefits owed to claimant.

Employer and carrier have shown that the purpose of this settlement is to compromise a doubtful and disputed claim, avoid litigation, and to buy peace, and that no payments made or other consideration given should be construed as an admission of liability, all liability having been expressly denied.

The claimant has filed for Social Security, but was denied and is not eligible for Medicare at this time. The total settlement is as follows: \$22,000.00 less attorney fees of \$5,000.00 and \$5,000.00 for future medical. This leaves a balance of \$12,000.00 for permanent partial disability benefits. Pursuant to the Mortality Table, the claimant is expected to live 999.44 more weeks. If the \$12,000.00 was divided by this many weeks, the claimant would receive \$12.01 per week in Workers' Compensation benefits as it relates to Social Security Disability benefits.¹

Claimant has affirmatively stated on his oath that he is not a Medicare or Medicaid recipient and that he has been paid no benefits under either of those programs for these alleged injuries, conditions or otherwise. The employer and carrier have relied on those sworn assertions of claimant regarding those issues as part of the agreement to settle this case, and claimant agreed to indemnify the employer and carrier for any adverse consequences they might experience should it be found that claimant has not been truthful regarding these assertions.

The Medicare Secondary Payer Act, 42 U.S.C. §1395y(b)(2), ("MSP") provides that any money received for settlement is a primary payment to Medicare. Further, the MSP also provides that Medicare does not pay for any item or service if there is a primary payment or payor. The regulations, 42 C.F.R. §411.46 provide that if any amount paid for settlement is intended to compensate the individual for all future medical expenses related to the claimed injuries, conditions or disease, Medicare payments for such services are excluded until medical expenses related to the

¹Employer and carrier did not participate in this request.

injuries, conditions or disease equal the amount of these payments. Claimant is not expected to become a Medicare beneficiary within 30 months. The total settlement amount is under \$250,000.00. As such, this case does not meet CMS' review thresholds. Further, employer and carrier have denied and continue to deny compensability of this claim, and therefore, dispute any liability for any medical treatment obtained by claimant.

It is further ordered that upon payment of said sum to claimant, said employer and carrier, and any entity in privity with them, shall stand fully and completely discharged of any other or further liability to the claimant, or otherwise, for, arising out of, or connected with the injuries or conditions sustained by James Benny Jackson on or about November 21, 2014, January 2, 2015, and April 28, 2015, or of the effects thereof, and that this matter be, and it is hereby, dismissed with prejudice. Further, the claimant is hereby authorized and empowered to execute any receipt, release, or other instrument required by said employer and carrier to evidence their full and final release, acquittal, and discharge herein.

The Commission further finds that L. Shane Tompkins, attorney for claimant, has rendered valuable legal services to the claimant; therefore, claimant is authorized and empowered to pay unto said attorney the sum of \$5,000.00.

JAN 11 2017

SO ORDERED on _____.

Mississippi Workers' Compensation Commission

By: _____

Thomas A. Wells
Beth Harkins Hodge

Commissioners

MWCC No. 1603042-P-1436-B, 1603041-P-1435-B
and 1603043-P-1437



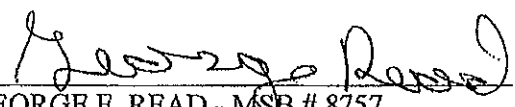
ATTEST:

Joyce Wells

Commission Secretary

PRESENTED BY:


L. SHANE TOMPKINS - MSB # 125521
ATTORNEY FOR CLAIMANT
TOMPKINS LAW FIRM
POST OFFICE BOX 1804
COLUMBUS, MS 39703
TELEPHONE: (662)328-7557
FACSIMILE: (662)594-2535
EMAIL: shane@tompkinslawfirm.com


GEORGE E. READ - MSB # 8757
ATTORNEY FOR EMPLOYER & CARRIER
DANIEL COKER HORTON & BELL, P.A.
265 NORTH LAMAR BOULEVARD, SUITE R
POST OFFICE BOX 1396
OXFORD, MS 38655-1396
TELEPHONE: (662)232-8979
FACSIMILE: (662)232-8940
EMAIL: gread@danielcoker.com

MWCC NO. 1603042-P-1436-B, 1603041-P-1435-B and 1603043-P-1437-B

4366-131689, 4366-131690, 4366-131691/kg

RECEIPT AND RELEASE

FOR AND IN CONSIDERATION of the sum of Twenty Two Thousand Dollars (\$22,000.00), cash in hand paid, receipt of which is hereby acknowledged, I, James Benny Jackson, do hereby fully, completely and finally release, discharge, and acquit Blue Mountain Production Co. and Liberty Mutual Fire Insurance Company from any and all claims which I may now or hereafter have under the terms of the Mississippi Workers' Compensation Law, or otherwise, on account of, arising out of, or connected with my sustaining personal injuries or conditions on or about November 21, 2014, January 2, 2015, and April 28, 2015.

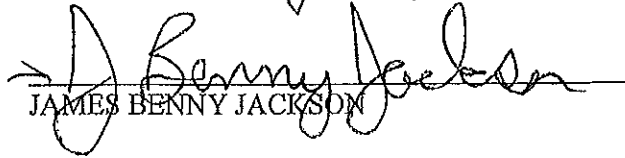
Claimant agrees to indemnify and hold harmless Blue Mountain Production Co. And Liberty Mutual Fire Insurance Company for any loss of Medicare benefits and for any injuries, conditions or damages related to or arising out of that loss of benefits; for any recovery Medicare and/or the Centers for Medicare and Medicaid Services might pursue against the parties; and for any and all other losses or damages that result from claimant's representations about his Medicare status or creation, administration, or dissolution of the account.

As claimant is not a current Medicare beneficiary, no conditional payment search was undertaken.

It is further understood that this payment has heretofore been approved by the Mississippi Workers' Compensation Commission in docket number 1603042-P-1436-B, 1603041-P-1435-B and 1603043-P-1437-B, and is accepted by me in full and complete settlement, compromise, accord and satisfaction of all claims that I may now or hereafter have because of, arising out of, or connected with said accidental injuries or conditions, against said employer and carrier, and their agents, servants and employees, and any other party in privity with any of them. Further, claimant has not waived his pending employment labor claim filed separately by Jim Waide against Blue Mountain Production Co.

Provided, however, this release is not intended to affect and in no way releases any third parties who might otherwise be liable for said injuries, conditions or damages nor does it in any way affect the subrogation rights of said employer and carrier.

WITNESS MY SIGNATURE, this the 16th day of January, 2017.


JAMES BENNY JACKSON

STATE OF MISSISSIPPI

COUNTY OF Lowndes

THIS DAY PERSONALLY CAME AND APPEARED BEFORE ME, the undersigned authority in and for the state and county aforesaid, the within named, James Benny Jackson, who acknowledged that he did sign and execute the above and foregoing Receipt and Release on the day and year therein mentioned and for the intent and purposes therein expressed.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 16th day of


My commission expires: 2017


NOTARY PUBLIC

APPROVED AND AGREED TO:


L. SHANE TOMPKINS,
ATTORNEY FOR JAMES BENNY JACKSON

MWCC NO. 1603042-P-1436-B, 1603041-P-1435-B and 1603043-P-1437-B

4366-131689, 4366-131690, 4366-131691/kg

If you are using Adobe Acrobat, navigate using the Tab key.
Mississippi Workers' Compensation Commission

NOTICE OF FINAL PAYMENT

PRINT OR TYPE

(1) EMPLOYEE NAME AND ADDRESS - (INCLUDE CITY, STATE and ZIP)		MWCC #	CARRIER FILE #
James Benny Jackson		(2) SOCIAL SECURITY # XXX-XX-0166	(3) DATE OF INJURY OR DEATH
(6) EMPLOYER NAME AND ADDRESS - (INCLUDE CITY, STATE and ZIP)		(4) DATE DISABILITY BEGAN	(5) DATE MAXIMUM MEDICAL IMPROVEMENT
Blue Mountain Production 31 County Road 827 Blue Mountain, MS 38610		(6) DATE RETURNED TO WORK	(7) DATE OF FINAL PAYMENT
		(9) INSURANCE CARRIER NAME & SERVICING CO. (if applicable) Liberty Mutual Fire Insurance Company c/o Liberty Mutual Insurance Company P.O. Box 168208 Irving, TX 75016	

Compensation payments were made as follows:

NOTICE: If already paid, initial or compensation report, or a claim, or a compensation award, which would have been paid, is being paid.

(10) Average Weekly Wage: \$ 841.00		(11) Rate of Weekly Compensation \$	
A. DISABILITY PAYMENTS		B. DEATH PAYMENTS	
(12) ___ Weeks ___ Days Temporary Total	\$	(16) ___ Weeks ___ Days (Itemize at 26 below)	\$
(13) ___ Weeks ___ Days Temporary Partial	\$	(17) Payment to Spouse (Section 71-3-25(a))	\$
(14) ___ Weeks ___ Days Permanent Partial	\$	(18) Funeral Expenses	\$
% loss to		(19) Second Injury Fund	\$
(15) ___ Weeks ___ Days Permanent Total	\$		
Total Disability Payments \$		Total Death Payments \$	
C. SETTLEMENT PAYMENTS		D. OTHER PAYMENTS	
(20) Lump Sum	\$	(23) Total Medical Expenses	\$ 169.00
(21) Compromise	\$ 22,000.00	(24) Rehabilitation Expenses	\$
(22) Third Party: (Attach order if not approved by MWCC)		(25) Other (Specify)	\$
a. Amt. reimbursed for comp. previously paid (Subtract reimbursements)	\$ ()		
b. Amt. credited against future liability	\$		
Total Settlement Payments	\$ 22,000.00	TOTAL PAYMENTS (A + B + C* + D) *If C is a negative amount, subtract from total	
		\$ 22,159.00	

(26) Dependents and Spouse Payments Itemized with Attach Separate page if necessary				
Name and Relationship	Rate	Weeks	Days	Total
a.				\$
b.				\$
c.				\$
d.				\$

(27) If full compensation was not paid, explain: (attach separate page if necessary)

NOTICE TO EMPLOYEE OR BENEFICIARY

This is NOT a release of the employer's or the insurance carrier's workers' compensation liability. It is a statement of workers' compensation benefits already paid. If no further workers' compensation benefits are provided within one (1) year from the date this form is properly filed with the Commission, the right to any further such benefits may be barred by the applicable statute of limitations and this claim finally closed. Exceptions may apply for incompetents or minors. If you incur additional loss of time from work, additional medical expense, or other additional expense, due to this injury, you should immediately contact your employer, the insurance carrier, or the Mississippi Workers' Compensation Commission for further guidance.

PHONE #: 601-969-7607

Prepared by: Daniel Coker Horton & Bell Date 12 / 20 / 16

Employee's Signature

Date

1/16/17

(or representative or beneficiary)